



**State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030**

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant
Full legal name	Saint Mary's Partners, Inc.
Doing Business As	Saint Mary's Partners, Inc.
Name of Parent Corporation	Saint Mary's Health System
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	56 Franklin Street Waterbury, CT 06706
Applicant type (e.g., profit/non-profit)	NP
Contact person, including title or position	Chad Wable VP, Marketing and Business Development
Contact person's street mailing address	56 Franklin Street Waterbury, CT 06706
Contact person's phone #, fax # and e-mail address	Phone: (203) 709-3368 Fax: (203) 709-3238 cwable@stmh.org

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Chase MRI Center

b. Type of Proposal, please check all that apply:

- ☒ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> New (F, S, Fnc) | <input type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition` | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |

- ☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☒ Project expenditure/cost cost greater than \$ 1,000,000

☒ Equipment Acquisition greater than \$ 400,000

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> New | <input type="checkbox"/> Replacement | <input type="checkbox"/> Major Medical |
| <input checked="" type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator | |

- ☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

500 Chase Parkway Waterbury, CT

d. List all the municipalities this project is intended to serve:

Waterbury, Wolcott, Prospect, Naugatuck, Middlebury, Watertown, Oxford, Thomaston

Estimated starting date for the project: July 2006

e. Type of project: 19

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed
N/A				

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

a. Estimated Total Capital Expenditure: \$ 2,100,000

b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$340,000
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	\$1,750,000
Non-Medical Equipment (Purchase)	\$10,000
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$2,100,000
Fair Market Value of Leased Equipment	
Total Capital Cost	\$2,100,000

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
1.5 T Magnet	GE	Excite	1	\$1,750,000

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment. Please see attached.

c. Type of financing or funding source (more than one can be checked):

- ☐ Applicant's Equity
 ☐ Lease Financing
 ☒ Conventional Loan
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding
☐ Funded Depreciation
 ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

- Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
- What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
- Who is the current population served and who is the target population to be served?
- Identify any unmet need and how this project will fulfill that need.
- Are there any similar existing service providers in the proposed geographic area?
- What is the effect of this project on the health care delivery system in the State of Connecticut?
- Who will be responsible for providing the service?
- Who are the payers of this service?

Project Description:

Saint Mary's Partners, Inc. (SMP) proposes the establishment of a freestanding, outpatient, diagnostic Magnetic Resonance Imaging (MRI) Center at 500 Chase Parkway in Waterbury, CT. Due to its proximity to the Neurosurgical, Orthopedic and Sports Medicine practices located within the area of the proposed facility, patients referred for diagnostic testing will have improved ease of access to outpatient MRI services. The MRI Center will be centrally located providing convenient access to both physicians and residents of the Waterbury, Naugatuck, Prospect, Middlebury, Watertown, Oxford, Wolcott and Thomaston area. It will be structured as a licensed, freestanding, high field, open MRI satellite service of SMP. The management, billing and collections will be facilitated through SMP while Naugatuck Valley Radiology Associates will provide Professional services. SMP will be responsible for providing cost effective service and will ensure that the project and operations are financially feasible.

The expansion of outpatient MRI services at SMP will enable Saint Mary's Hospital to better accommodate its inpatients that need MRI services. Inpatient procedures at Saint Mary's Hospital have increased 6% in the last year while outpatient MRI procedures have decreased 8%. The decrease in outpatient procedures is not a result of decreased demand, but from reduced appointment availability. Inpatient facilities must accommodate for lapses in transport, emergencies and anesthesia, making it difficult to schedule outpatient procedures without disruption. Saint Mary's current MRI is running at capacity and is unable to accommodate inpatients and outpatients in a timely manner. Potential delays stemming from increased inpatient activity decreases the appointment availability, and, thus, patient access to outpatient MRI procedures at Saint Mary's Hospital. This increase in inpatient MRI utilization is currently forcing outpatients to travel out of Waterbury for this basic service.

According to the market data, MRI volume is forecasted to grow 10-15% annually through 2008. Waterbury Hospital is currently able to meet the needs of their patients by offering two MRI scanners for imaging. Saint Mary's Hospital is unable provide similar access to its patients, which inhibits our ability to meet their expectations of care and maintain the appropriate standard of care. The MRI center will meet the community need for MRI services by improving access for outpatient services, creating needed availability on campus for improved inpatient services and cost effective healthcare imaging. Access to outpatient MRI services will be improved through this proposal allowing patients to remain in their own community for this level of care.

The MRI Center will provide patients and referring physicians user friendly access in an outpatient setting. The open scanner will provide highly detailed imaging to the claustrophobic and obese population in a convenient, technologically advanced setting. The need for an open scanner is apparent in this community as obese patients currently must leave the city for this MRI service. The new scanner will be better able to accommodate the changing standard of care as the need for applications such as cardiac, breast, spectroscopy and functional imaging increases. The MRI Center's fully integrated information systems and the digital imaging network will create an environment whereby community physicians will be connected remotely to easily view images and reports. The improved viewing capabilities for physicians will have a positive effect on the delivery of healthcare in our area by improving quality and the level of care they are able to delivery to their patients.

The charges and fees for this service will be competitive with other providers in the area. Saint Mary's Hospital and affiliate companies currently have contracts with all major payers. All existing insurance contracts will include the proposed MRI services. Outpatient diagnostic services are more cost effective than services provided in a hospital setting.

The proposed MRI Center will adopt JCAHO quality assurance guidelines while complying with all standards of practice, policies and procedures of Saint Mary's Hospital. All radiologists providing professional interpretation will require state licensure and board certification in their specialty.

The proposed MRI Center will enable Saint Mary's to meet the growing demand for MRI procedures, open needed capacity on the current MRI service at the hospital, provide for the new applications in MRI imaging and meet the unmet need experienced by claustrophobic and obese patients. The inclusion of another scanner will only strengthen our relationships with the medical staff and the greater Waterbury community, both from an inpatient and outpatient perspective, improving the delivery of healthcare in our area. The growth of indications for MRI utilization illustrates the need to increase MRI outpatient capacity. Our fully integrated information systems of PAC's, RIS and Voice Recognition will further enhance the exceptional quality of MRI. The proposed MRI Center will be committed to providing the highest quality of imaging services to each individual member of the community by using the latest technology for convenient, accessible, financially feasible and dignified care.

AFFIDAVIT

Applicant: Saint Mary's Partners, Inc.

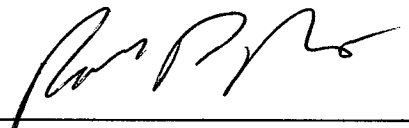
Project Title: Chase MRI Center

I, Robert P. Ritz, Chief Executive Officer
(Name) (Position – CEO or CFO)

of Saint Mary's Health System being duly sworn, depose and state that the
information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to
the best of my knowledge, and that Saint Mary's Health System complies
(Facility Name)


with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486

and/or 4-181 of the Connecticut General Statutes.


Signature

8/30/05
Date

Subscribed and sworn to before me on the 30th day of August, 2005


Notary Public/Commissioner of Superior Court
JANICE M. YOUNG
NOTARY PUBLIC

My commission expires Feb. 28, 2006

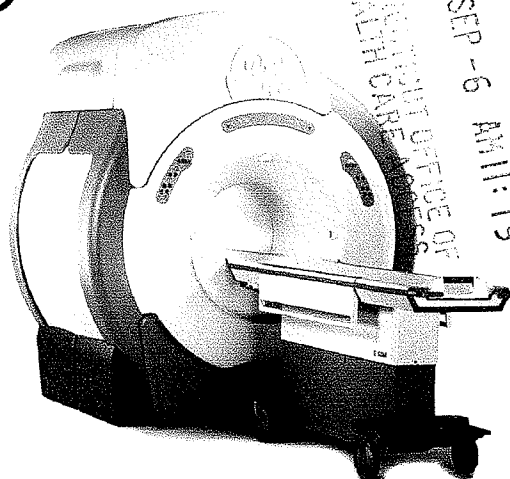
1.5T Signa EXCITE HD

For St. Mary's Hospital

Powered by High Definition (HD) technology, the GE Signa 1.5T EXCITE HD MR System is the first MR system designed to create high definition MR images. EXCITE HD is designed to create high definition MR images through a synergy between clinical applications and technology. The HD technology features significant advances in acquisition, gradients, and the human interface. The EXCITE HD MR system is the product of a long line of industry firsts, featuring a fully detachable patient table, actively-shielded magnetic-field gradients, phased-array digital radiofrequency electronics, high-density coils, and EXCITE (EXpanding applications with multi-Channel Imaging TEchnology) to manage the flow of data through the MR system.

Features

- 1.5T CXK4-150 active shield, short-bore magnet with quick-release detachable table
- HD (23mT) gradient subsystem
- EXCITE RF chain with 1700 FFTs/sec Reconstruction Processor
- Signa EXCITE Data-Management Accelerator with Linux
- True Simultaneity with scan prescription, image processing, filming, archiving, and networking
- DICOM 3.0 protocol for point to point, send, receive, and pull/query and DICOM print
- EXCITE ScanTools 12.0 – tools for routine & advanced applications
- ScanTools HD – EchoPlus DWI, 3D FIESTA and FIESTA C, FluoroTrigger MRA, ASSET parallel imaging



ScanTools 12.0

The Signa EXCITE HD scanner comes standard with a package of pulse sequences and applications optimized for 1.5T performance.

Spin Echo

- The gold standard for generating T1, proton density and T2 images

Fast Spin Echo-XL (FSE-XL)

- These techniques use echo-train technology to reduce the time for image acquisition. T2 blurring is minimized by short echo spacing with EXCITE technology.

Fast Recovery Fast Spin Echo (FRFSE & FRFSE-XL)

- The new sequence of choice for high-quality, high-speed, and high-contrast T2-weighted imaging in neurological, body, orthopedic and pediatric applications. Compared to FSE, FRFSE allows shorter acquisition times or increased slice coverage.

3D FRFSE

- A sequence for creating high resolution three-dimensional images for MR cholangiopancreatography (MRCP) studies.

Single Shot Fast Spin Echo (SSFSE)

- An ultra-fast technique that permits complete image acquisition following a single RF excitation. It can acquire slices in less than one second, making it an excellent complement to T2-weighted brain and abdominal imaging and MRCP studies.

Gradient Echo (GRE), Fast Gradient Echo (FGRE), Spoiled gradient echo (SPGR), Fast Spoiled Gradient Echo (FSPGR)

- This suite of gradient-echo techniques uses short TR and TE to generate T1 or T2-weighted images in far less time than conventional SE. The ultra-short TR and TE possible with these sequences also ensure the performance needed for state-of-the-art vascular and contrast-enhanced MRA studies.

Dual Echo Gradient Echo

- A vital tool for abdominal imaging. This variation on conventional gradient echo provides a pair of images for which the signals from water and fat either are in-phase or out-of-phase. By design, all of the images acquired within a single breath-hold are in perfect registration.

SPECIAL (Spectral Inversion at Lipids)

- A spectral spatial inversion technique for fat saturation in 3D FGRE pulse sequences.

T1 FLAIR, T2 FLAIR

- These pulse sequences have been designed expressly for neuro applications. FLAIR allows suppression of signal from CSF. In addition to this capability, T1 and T2 FLAIR add extraordinary contrast between white and gray matter to T1- and T2-weighted brain and spine imaging.

Echo-planar Imaging FLAIR, Echo-planar Imaging

- Essential tools for any high-throughput site employing advanced techniques. EchoPlanar imaging is what enables the rapid imaging required for such studies as functional brain mapping. And both EchoPlanar and FLAIR EchoPlanar techniques make it easier to generate neuro studies from uncooperative patients who simply refuse to stay still long enough for conventional techniques.

2D and 3D Time of Flight Imaging, 2D-Gated Time of Flight Imaging

- 2D Time of Flight Imaging, 2D Gated Time of Flight Imaging, 3D Time of Flight Imaging and Enhanced 3D TOF Imaging are all ideal for MR angiography. Based on conventional gradient echo scanning, these time of flight (TOF) imaging techniques rely primarily on flow-related enhancements to distinguish moving from stationary spins.

2D Phase Contrast (2DPC), 3D Phase Contrast (3DPC)

- These techniques demonstrate flow velocities and directional properties in vessels and other moving fluids such as cerebrospinal fluid.

Smart-Prep

- SmartPrep uses a special tracking pulse sequence to monitor the MR signal through a user-prescribed volume to detect the arrival of an injected contrast bolus and to trigger the acquisition, for optimum contrast enhancement.

Double / Triple IR

- These pulse sequences are included to allow black-blood imaging for studies of cardiac morphology. Triple IR adds fat suppression to black blood imaging.

FastCine

- This pulse sequence is included specifically for studies of cardiac function. Through the use of retrospective gating, it allows full R-R coverage.

i-Drive Pro

- i-drive Pro brings real-time interactive imaging to the MR system, making it easier to generate detailed diagnostic information on just about any anatomy. This includes organs that are subject to motion artifacts, such as spine, heart, diaphragm and GI tract. The i-Drive Pro technique allows the user to change scan parameters on the fly, during scanning- and, to evaluate the results immediately.

IVI

- An interactive user interface that allows operators to remove background from MR angiography images. The result: angiographic and maximum intensity (MIP) projections in multiple scan planes. The processed images are saved automatically as a distinct series for quick recall.

FuncTool Performance

- FuncTool Performance enables advanced MR-image post-processing using a wide range of sophisticated algorithms, including ADC maps and eADC maps, Correlation Coefficients for mapping of motor strip and visual/auditory stimuli, NEI (Negative Enhancement Integral), MTE (mean time to enhance), Positive Enhancement Integral, Signal Enhancement Ratio, Maximum Slope Increase, Maximum Difference Function, Difference Function



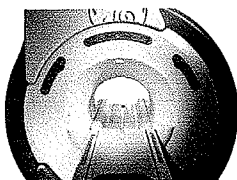
1.5T Signa EXCITE HD

HD RF Coils and Arrays

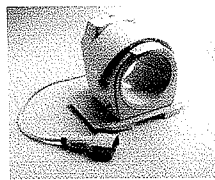
High-density arrays that focus coil elements around the anatomy of interest, while providing extended coverage where needed, ensure optimal image quality for every procedure. The open and flexible RF architecture of the Signa 1.5T EXCITE HD system also facilitates access to coils developed by other vendors. These attributes lead to the best possible coil for each clinical application and also ensure a steady supply of new coils in the future. The coils listed below are commercially available at the time of printing. Please contact your local GE sales representative for the most current list.



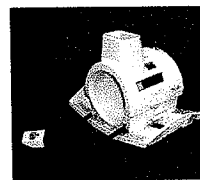
**Transmit/Receive
Head Coil**



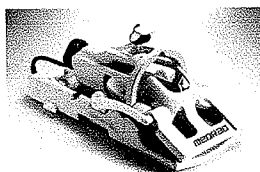
**Transmit/Receive
Body Coil**



HD Knee Array



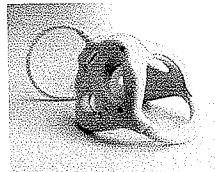
Quad Extremity Coil



**HD Neurovascular
Array**



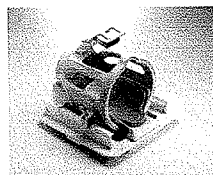
**8-Ch Neurovascular
Array**



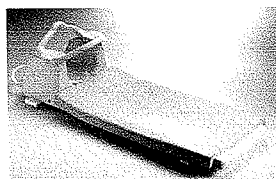
Shoulder Array



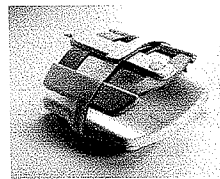
Wrist Array



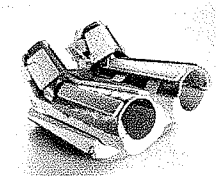
8-Ch Brain Array



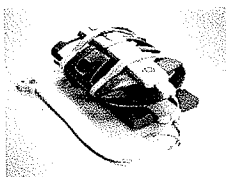
8-Ch Spine Array



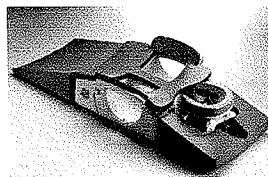
8-Ch Cardiac Array



HD Lower Leg Array



8-Ch Body Array



HD Breast Array



**General Purpose
Flex Coil**



**General Purpose
3" Round Coil**



ScanTools HD (included in this proposal)

The Signa EXCITE HD scanner is available with a package of specialized pulse sequences and applications optimized for 1.5T performance delivering the highest in clinical capability.

Diffusion Imaging (EchoPlus)

This diffusion-weighted EPI package can improve the ability to detect acute and hyper-acute stroke. It includes: Single Shot FLAIR EPI and Single Shot diffusion-weighted EPI with b-value up to 10,000 s/mm², Automatic isotropic diffusion weighted imaging, Multi-NEX capability, On-line image processing, and ADC maps (enabled by ScanTools)

3D FIESTA & FIESTA-C

3D FIESTA (Fast Imaging Employing STeady-state Acquisition) is a technique that is especially useful for the rapid acquisition of high-spatial-resolution images of static structures such as cochlea, internal auditory canal, or joints. The Phase-Cycled Fast Imaging Employing STeady-state Acquisition (FIESTA-C) is a 3D FIESTA technique that overcomes the band artifacts characteristic of magnetic field inhomogeneities. It is intended as a rapid MRI technique in which fluids have high intensity for identifying protrusions of the intervertebral disc, obstruction in hydrocephalus, and imaging of small structures in the internal auditory canal (IAC), cranial nerves in the cerebellar-pontine angle (CPA) and the cervical spine.

ASSET (Array Spatial Sensitivity Encoding Technique)

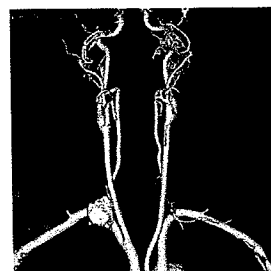
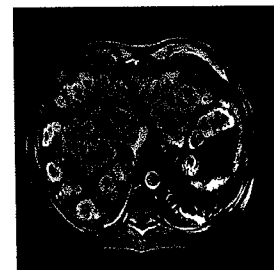
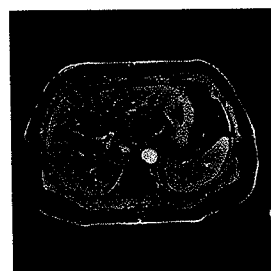
Reducing scan times is often a critical patient-comfort consideration. ASSET (Array Spatial Sensitivity Encoding Technique) is a parallel-imaging technique designed to reduce scan time, increase in-plane spatial resolution, or acquire more slices. ASSET also minimizes RF deposition.

LAVA (Liver Acquisition with Volume Acquisition)

LAVA is a three-dimensional (3D) spoiled gradient echo technique designed specifically to image the liver with unprecedented definition, coverage, and speed. Excellent fat suppression, through a version of the SPECIAL technique customized for the liver, is one of the reasons for the high definition of anatomical structures. The coverage and speed of LAVA are the result of short TR, innovative use of partial k-space acquisition, and ASSET with acceleration factors of up to 2.5 at 1.5T. What is the clinical benefit of LAVA? It enables the highest quality 3D MR imaging of the liver during short breath-holding periods.

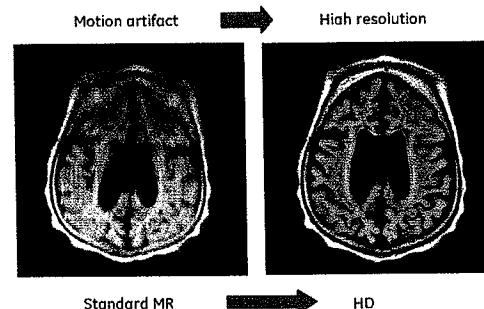
Fluoro-Triggered MRA

Fluoro-triggered MRA (FT MRA) is a capability to capture angiographic images at the precise moment of peak opacification. FT MRA allows the operator to manually trigger each acquisition coincident with the desired level of vessel enhancement. The switchover takes less than one second. Applications include all enhanced MRA exams.



Propeller

PROPELLER (Periodically Rotated Overlapping Parallel Lines with Enhanced Reconstruction) is a revolutionary image data collection method based on Fast Spin Echo. The name reflects the unique pattern it follows in acquiring data and filling k-space – a pattern that resembles radial blades rotating in sequence until the image acquisition is complete. Since each blade passes through the center of k-space, PROPELLER has unusually low sensitivity to motion artifacts and unusually high contrast-to-noise properties. It can create high-quality T2-weighted images even when the patient fails to remain still. When applied to diffusion-weighted imaging, PROPELLER is tolerant of the magnetic susceptibility artifacts that challenge traditional EPI-based Diffusion Weighted Imaging, specifically near the skull base and in the presence of dental work, craniotomies, or other abnormalities that disturb the magnetic field.

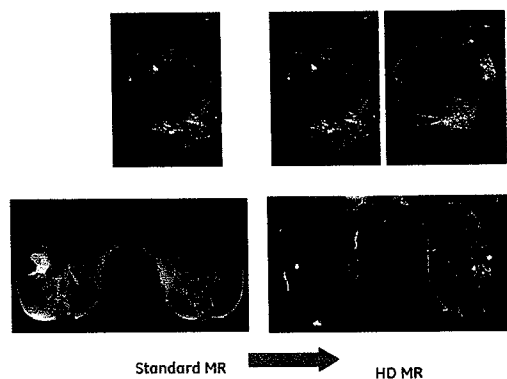


VIBRANT

VIBRANT (Volume Imaging for Breast Assessment)

Integrates ASSET Technology with a patented Fat Suppression Technique Developed Specifically for Breast Imaging. VIBRANT permits High Resolution Bi-Lateral Imaging of Both Breasts in the same time it once took to image a single breast. VIBRANT incorporates fat suppression in combination with in-line auto-subtraction of pre-contrast and post-contrast images to yield the most robust image quality.

Single breast - hi res → Both breasts - hi res



TRICKS

Elliptical-Centric TRICKS (Time Resolved Imaging of Contrast KineticS) technology combines intricate temporal sampling with complex data recombination to accelerate the temporal resolution of 3D dynamic imaging without compromising spatial resolution. This TRICKS technology is integrated with Elliptical-Centric data-sampling technology to create an ideal imaging technique for challenging contrast-enhanced MRA of the lower extremities. Easy to set up and easy to use, EC-TRICKS rapidly generates time-resolved 3D images of blood vessels to meet the challenge of capturing peak arterial phases with minimal venous contamination. With EC-TRICKS, the different vascular phases can be extracted, quickly and easily, after image acquisition.



MR Echo

MR Echo offers the contrast of MR combined with the real-time speed and interaction approaching echocardiography. It comprises a dedicated user interface, a 2D FIESTA acquisition sequence accelerated using 0.5 NEX and ASSET, and the fast processing characteristic of EXCITE HD. Images can be acquired without the need for breath holding or even ECG gating. The result is a reliable, fast functional study of heart...even for patients with arrhythmias.



To:
ST. MARY'S HOSPITAL
56 FRANKLIN ST
Waterbury, CT 06706

From:
Rachel Del Mauro
1400 Computer Drive
Westborough, MA 01581-5088
(508) 870-5200

EE4CD7.GB402 Monday, August 22, 2005

GE Signa 1.5T 8-Channel EXCITE HD MR - HiSpeed

Qty	ID	Description	Price
1	S7503SF	<p>Base System</p> <p>Signa 1.5T EXCITE HD HiSpeed 8 Channel MR system</p> <p>The Signa 1.5T HiSpeed HD system is a high-performance, whole-body MR system powered by EXCITE HD technology. The EXCITE HiSpeed HD non-resonant, actively-shielded gradient platform can attain an amplitude of 33 mT/m at a slew rate of 77 mT/m/ms with the most accurate and repeatable waveforms to ensure the highest possible image quality. The EXCITE HD data pipeline delivers imaging through 8 independent data channels linked to the SVP8 Symmetric Vector Processor that provides 850 2DFFT operations per second for a matrix of 256x256 with simultaneous image reconstruction and acquisition. The EXCITE HD User Interface leverages the Linux computer platform to enhance productivity through single-screen prescription for most protocols and includes Secure Coil Connect, that eliminates coil connection errors, ProtoCopy, that facilitates the development and rapid transfer of scan protocols, and Vector Gating for highly reliable ECG triggering. The system also includes the quadrature transmit/receive RF head coil, and a GE's exclusive detachable table. The system includes your choice of two 8 channels HD coils; optional coils are also available.</p> <p>The EXCITE HD ScanTools Package delivers a full range of pulse sequences and analysis software for whole-body imaging on the EXCITE HD technology platform. EXCITE ScanTools HD includes the Spin Echo, Fast Spin Echo, Gradient Echo, Fast Gradient Echo, Time-of-Flight, Phase Contrast and Echo Planar families of pulse sequences along with FuncTool, ClariView, Multi-planar Volume Reformat and Interactive Vascular Imaging analysis packages. In addition, imaging capability is expanded by specialized applications: ASSET, SmartPrep, FTMRA iDrivePro Plus, 2D FIESTA, 2D FAT SAT FIESTA, 3D FIESTA, 3D FAT SAT FIESTA, FIESTA-C, EchoPlus, and GE's exclusive LAVA body imaging. Optional GE-exclusive HD applications are also available.</p>	
1	M1060LG	<p>Signa 1.5T CXK4 Magnet</p> <p>The Signa 1.5T EXCITE HD CXK4 Magnet is a compact superconducting magnet offering superb homogeneity to permit the highest possible image quality. In addition, the magnet includes a set of 18 GE designed superconducting shim coils to further improve the magnetic-field homogeneity and ensure the highest image quality in applications spanning the entire body. This unique technology allows for excellent uniform fat suppression over a large field of view and even off-center.</p> <p>Designed to be as comfortable as possible for the patient without compromising image quality, this cylindrical magnet is compact and has a wide opening. In fact, the bore is so short that exams of the knee and even the lower spine can be performed with the patient feet-first. The combination of a wide 60 cm diameter bore and a patient table assembly designed to rest as close as possible to the bottom of the cylinder leaves plenty of room even for large patients.</p> <p>The magnet features unique active shielding technology to ensure that the magnetic field outside the cylindrical bore is as weak as possible. This active shielding is tremendously valuable for safety and also for avoiding possible interference with nearby equipment.</p> <p>Thanks to innovative cooling technology, there is essentially no boil-off of the helium that keeps the magnet superconducting, which means that downtime for helium refills is an extremely rare occurrence.</p>	
1	M1060MA	Vibroacoustic Damping Kit	



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EE4CD7.GB402 Monday, August 22, 2005

GE Signa 1.5T 8-Channel EXCITE HD MR - HiSpeed

Qty	ID	Description	Price
1	M1060JW	Material in the Vibroacoustic Damping Kit can significantly attenuate the transmission of gradient-generated acoustic noise through the building structure to nearby areas, including adjacent rooms and floors above or below the MR suite. The kit is compatible only with the short-bore 1.5T LCC or 3.0T magnets. If this kit is applied during the installation of a new magnet, no additional service charges are necessary. However, installation of the Vibroacoustic Damping kit under an existing magnet requires special steps that are not covered in the pricing. 1.5T and OpenSpeed Magnet Compressor for CXK4 Fixed, Relocatable & Mobile Systems Compressor designed for CXK4 magnet subsystems for 0.7T, 1.0T or 1.5T and compatible with fixed, relocatable and mobile magnet configurations. Compressor is water cooled and all water cooling systems must be a closed loop design to eliminate the possibility of magnetic contaminants entering into the system.	
1	M3143PE	Signa 1.5T Phased Array Cables (config. A) This is a collection of high-performance phased-array cables required for a Signa 1.5T EXCITE HD MR system.	
1	S7502TB	Applications Packages Add'l PROBE Spectroscopy Package The Spectroscopy Package combines PROBE PRESS single-voxel brain spectroscopy and PROBE 2DCSI multi-voxel brain spectroscopy. PROBE PRESS enables single-voxel proton brain spectroscopy using the PRESS pulse sequence. PROBE PRESS acquires and displays volume-localized, water suppressed 1H spectra in a single-voxel mode for the non-invasive assessment of invivo metabolites. Graphic prescription of the spectroscopic volume and automated reconstruction make this tool easy to use. PROBE 2DCSI expands proton brain spectroscopy capability enabling simultaneous acquisition of multiple in-plane voxels. Metabolite maps are automatically generated in FuncTool on the operator console.	
1	S7501AF	Surface coils 1.5T Dual Array Package - GE/Medrad The GE/Medrad Dual Array Package is configured for simultaneous bilateral imaging of the orbits, TMJ's, IAC's, shoulders, and hips. The accessory package includes the dual coil combiner, surface coil holder, and positioning device.	
1	M1085GF	1.5T GP Flex Coil The General Purpose Flex Coil is designed to optimize imaging of irregular anatomy such as the brachial plexus, hip and elbow. The coil can also facilitate kinematic joint imaging.	
1	M1087TB	1.5T 4-Channel Torso Array - GE	



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EE4CD7.GB402 Monday, August 22, 2005

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1	M1087SP	<p>The GE Torso array is a 4-channel phased array coil designed for optimized imaging of the chest, abdomen, pelvis and hip.</p> <p>1.5T 4-Channel CTL Array - USA Instruments</p> <p>The 4-Channel CTL Spine Array is a 6-element quadrature phased array coil designed for full spine imaging and includes a removeable top for imaging the anterior neck region. The coil has a 48 centimeter S to I range.</p>	
1	M1087NC	<p>1.5T 4-Ch Neurovascular Array - Medrad</p> <p>The 1.5T Medrad NV array is designed for optimized imaging of the head and neck. This four-channel receive-only phased array coil is designed to allow high quality imaging of the head and neck regions without repositioning.</p>	
1	M1085NA	<p>1.5T Quad Extremity Coil - Invivo</p> <p>This quadrature, transmit/receive coil provides optimal results in studies of the knee, ankle and foot. It has a unique "chimney" design for versatility in ankle and foot imaging and a sensitive volume covering and FOV up to 30 cm for the foot and ankle, and up to 20 cm for the knee. It also has an anterior extension that increases the imaging volume for thorough evaluation of dorsi-flexed foot and ankle.</p>	
1	M1087SD	<p>1.5T 4-Channel Shoulder Array - Invivo</p> <p>The 1.5T Invivo Shoulder Array is designed for high definition MR imaging of the shoulder on 4-Channel, 8-Channel or 16-Channel Signa 1.5T EXCITE and Signa 1.5T EXCITE HDMR systems. This two-coil set provides a 20 cm and a 16.5 cm coil for optimum patient fit and reliable penetration to the labrum. Coils can be position at the edge of the bore to allow maximum patient space.</p>	
1	M1087HW	<p>1.5T 4-Channel Wrist Array - Invivo</p> <p>The 1.5T High Resolution Wrist Array is designed for high definition MR imaging of the wrist on 4-Channel, 8-Channel or 16-Channel Signa 1.5T EXCITE and Signa EXCITE HDMR systems. This 4-channel phased array is designed for small FOV imaging of the wrist or hand, and provides 15cm S/I coverage, 12.5cm A/P coverage and 6.5cm R/L coverage. The array allows positioning of the upper extremity overhead or at the patient's side.</p>	
1	M1087BT	<p>1.5T 4-Channel Breast Array - Invivo</p> <p>The Invivo 4-channel Breast Array is optimized for imaging the breast in a bilateral or unilateral mode. The sensitive volume of the coil covers both breasts and axillae, as well as the adjacent chest wall.</p>	
2	M3088TL	<p>Siting Options</p> <p>10 kW Indoor/Outdoor Air-Cooled Chiller</p> <p>Engineered to cool the magnet coldhead, or the gradient subsystem, a 10kW chiller is required on both Twin and 3T gradients. A second unit can be purchased if the customer requires a coldhead chiller (ie. they do not have a cold water supply). This air-cooled chiller is the perfect solution. The same unit can be used either indoors or outdoors.</p>	



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1	E4503AT	<p>Main Disconnect Panel</p> <p>Features/Benefits</p> <p>Provides complete power distribution and emergency off control for the MR power distribution unit and the shield cooler compressor</p> <p>Auto restart feature restores power to the shield cooler compressor after power outages, minimizing helium loss to the magnet, resulting in a decrease in downtime</p> <p>Reduces installation time and cost by providing a single-point power connection eliminating the need to mount and wire a number of individual components</p> <p>Standardized design and testing assures high product quality and system reliability</p> <p>Field re-configurable for two power feeds allowing for shield coolers to maintain system integrity by the use of an essential power source</p> <p>Customer is responsible for rigging and arranging for installation with a certified electrician</p> <p>ITEM IS NON-RETURNABLE AND NON-REFUNDABLE</p>	
1	E8804S	<p>MedRad Injector</p> <p>Features / Benefits</p> <p>Optimized Touch-Screen with Fewer Keystrokes</p> <p>Multi-Phase Injection Control</p> <p>OTR (Optical Transmitter Receivers) for easy installation in an MR Suite</p> <p>Dual syringe system to administer contrast followed by a saline flush</p> <p>KVO (Keep Vein Open) allows patient to be prepared before beginning the scan and to move from non-contrasted to contrasted scan</p> <p>Specifications</p> <p>Volume: Syringe A 0.5 ml to max syringe volume in:</p> <p>0.1 ml increments between 0.5 and 31 ml</p> <p>1 ml increments for 31 ml and above</p> <p>Volume: Syringe B 1 ml to max syringe volume in 1 ml increments</p> <p>Flow Rate (Programmable) 0.01 to ml/s in:</p> <p>0.1 ml/s increments between 0.01 and 3.1 ml/s</p> <p>0.1 ml/s increments between 3.1 and 10 ml/s</p> <p>KVO (Programmable): 0.25 ml pulsed every 30 seconds (default) or every 15/20/45/60/75 seconds</p> <p>Pressure Safety Limit: Factory set not to exceed 325 psi (2240kPa)</p> <p>Delay: 1 to 300 seconds in 1 second increments</p> <p>Pause Phase: 1 to 900 seconds in 1 second increments</p> <p>Injection capabilities: 6 phases per protocol</p> <p>Storage Capacity: 32 protocols of up to 6 phases each</p> <p>Dimensions:</p> <p>Control Room Unit 11.995 in. (30.46cm) W (screen up)</p> <p>Base Unit 11.80 in. (29.97 cm) W (screen up)</p> <p>Base Unit 10.922 in. (27.91 cm) H (screen & base)</p> <p>Base Unit 9.25 in. (23.5 cm) H (screen up)</p> <p>Base Unit 10.5 in. (26.67 cm) D</p> <p>Battery Pack 2.375 in. (6.0 cm) H x 5 in. (12.7 cm) W x 9.25 in. (23.5 cm) D</p> <p>Battery Charger 1.59 in. (4.03 cm) H x 3.05 in. (7.74 cm) W x 5.08 in. (12.9 cm) D</p> <p>Scan Room Unit 52.25 in. (132.71 cm) H x 19.25 in. (48.89 cm) W x 21.5 in. (54.61 cm) D</p> <p>Electrical 100-240 VAC, 50-60Hz</p> <p>Compatibility</p> <p>MR Scanners from 0.5 or 1.0 or 1.5T, not validated on 3T</p> <p>NOTE</p>	



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Qty	ID	Description	Price
1	E8823M	<p>GE is responsible for unpacking, assembly, and installation of equipment. Medrad will be available for technical assistance by phone at (412) 767-2400. An additional charge will apply for on-site installation assistance. Medrad will be responsible for operational checkout, final calibration, in-service of the equipment, and initial applications training (CT & MR injectors only). Please contact the local Medrad office two weeks in advance of installation.</p> <p>Music System</p> <p>Features/Benefits</p> <ul style="list-style-type: none"> Music provides comfort to the patient during the procedure Active volume compensation changes volume automatically to mask MR gradient sounds DSP technology provides the highest sound quality available for the patient Patient volume and selection controls with voice feedback for maximum comfort, and versatility Backlit Technologist Control Unit allows operation of the entire system with a touch of the button, even in low light environments Built-in intercom allows the Technologist to communicate directly with the patient even while the scan is in progress Complete AM-FM stereo, dual cassette deck, and 50 CD changer Built in interface for intercom integration for most GE MRIs Built in interface for fMRI Built in interface for Video 100 % Microprocessor controlled <p>Specifications</p> <ul style="list-style-type: none"> Delivered with 10 headsets with ear tips installed Power Requirements for sound system: (110/240 V AC 50-60 Hz switchable) Power Requirements for Stereo: 110VAC Backlit, remote technologist keypad included Integrated input for Auto Voice Commands <p>Compatibility</p> <ul style="list-style-type: none"> GE Signa 0.5T, 1.0, 1.5T, 4X, 5X GE Horizon LX 1.0, 1.5T GE OpenSpeed GE Profile, Contour, Vectra, and MAX Systems E8822LH- Disposable Eartips E8822LJ- Disposable Headsets with Eartips <p>MR Training</p> <p>MR Onsite Training Recommendation for a new MR system:</p> <ul style="list-style-type: none"> o One 4 day onsite visit to coincide with system start-up o One 3 day onsite follow-up visit 6-8 weeks post system start up. <p>Recommended Training Package</p>	
1	W0100MR		

